Correction Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001330543)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Division of Cor	rnorations	
Fax Number		<u> </u>
		T : 1
Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	, 7
Account Number	: I20000000019	, .
Phone	: (305)552-5973	
Fax Number	: (305)675-5944	
the email address	for this business entity to be used for futuri	۵
ual report maili	ngs. Enter only one email address please.**	
11 Address:	,	
	Fax Number Account Name Account Number Phone Fax Number the email address	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I29900000019 Phone : (305)552-5973 Fax Number : (305)675-5944 the email address for this business entity to be used for futurinal report mailings. Enter only one email address please.**

FLORIDA PROFIT/NON PROFIT CORPORATION ATF CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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· ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

the composition is.
ATF CORP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing and
14100 W 43 pl APT ZOB Hisleah FL
32012
ARTICLE III SHARES: The number of shares of stock is:/
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
$\Delta l_{P}(\alpha, 1) \sim \alpha$
23 to 12 to
7) * 1 2) * (
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
ALEXANDER TERRY FORMIGO
1460 W 43 PC GOT 208
HIA/EAH FL 33012
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
- ALEXANDER TERRY FORMIGO
1460 W 43 PC apt 208 HIALEAH FG 33012
- HIALEAH FC 33012

Required Signatures:

Having been named corporation at the plant appointment	as registered agent to acceptance designated in this certificent as registered agent and	of service of process for the above stated ficate, I am familiar with and accept the lagree to act in this capacity
	Registered Agent	Date
l submit this documen the false information :	it and affirm that the facts submitted in a document	stated herein are true. I am aware that

the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date